



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ELKHART GENERAL HOSPITAL

City of Hospital: Elkhart

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 150018

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

| | |
|-------------------------------------|-------------|
| Inpatient Patient Service Revenue | \$362121000 |
| Outpatient Patient Service Revenue | \$326305000 |
| Total Gross Patient Service Revenue | \$688426000 |

2. Deductions From Revenue

| | |
|-----------------------|-------------|
| Contractual Allowance | \$378587000 |
| Other Deductions | \$15191000 |
| Total Deductions | \$393778000 |

3. Total Operating Revenue

| | |
|-----------------------------|-------------|
| Net Patient Service Revenue | \$294648000 |
| Other Operating Revenue | \$10204000 |
| Total Operating Revenue | \$304852000 |

4. Operating Expenses

| | | | |
|-------------------------------|-------------|-------------------|-------------|
| Salaries and Wages | \$90834000 | Employee Benefits | \$31177000 |
| Depreciation and Amortization | \$17189000 | Interest Expense | \$2023000 |
| Bad Debt | \$21550000 | Other Expenses | \$123525000 |
| Total Operating Expenses | \$286298000 | | |

5. Net Revenue and Expenses

| | | | |
|-----------------------------------|------------|-------------------|-------------|
| Excess Revenue over Expenses | \$18554000 | Total Assets | \$441324000 |
| Net Non-operating Gains over Loss | \$22379000 | Total Liabilities | \$184515000 |
| Total Net Gains | \$40933000 | | |

Statement Two: Contractual Allowance

| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|----------------|-----------------------|-----------------------|-------------------------------|
|----------------|-----------------------|-----------------------|-------------------------------|

| | | | |
|------------------|-------------|-------------|-------------|
| Medicare | \$316384000 | \$236604000 | \$79780000 |
| Medicaid | \$75216000 | \$57985000 | \$17231000 |
| Other Government | \$0 | \$0 | \$0 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$296826000 | \$99189000 | \$197637000 |
| Total | \$688426000 | \$393778000 | \$294648000 |

Statement Three: Donations Statement

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0 | \$101918 | \$-101918 |

Statement Four: Research Statement

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$0 | \$0 | \$0 |

Statement Five: Education Statement

| Education of | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$0 | \$207569 | \$-207569 |
| Hospital Patients | \$0 | \$1997661 | \$-1997661 |
| Community Education | \$0 | \$988264 | \$-988264 |

| | |
|---|--------|
| Number of Medical Professionals Trained | 139 |
| Number of Hospital Patients Educated | 12283 |
| Number of Citizens Exposed to Health Education Messages | 337163 |

Statement Six: Charity Statement

| | |
|--------------------------|------------|
| Hospital Charity Charges | \$11193000 |
|--------------------------|------------|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|--------------------------|---------------------------|-----------------------------------|
| Charity Care | \$0 | \$7458000 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$7458000 | \$-7458000 |
| Medicaid Shortfalls | \$17231000 | \$23072000 | |
| Subtotal | \$17231000 | \$30530000 | \$-13299000 |
| DSH Payments | \$3,101,000 | | |
| Subtotal | \$20332000 | \$30530000 | \$-10198000 |
| Medicare Shortfalls | \$79780000 | \$97047000 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$100112000 | \$127577000 | \$-27465000 |

Statement Seven: Subsidized Health Services for the Community

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------------|-----------------------------------|----------------------------|
| Community Programs | \$295269 | \$1019309 | \$-724040 |
| Community Assessment | \$0 | \$0 | \$0 |
| Provision of Taxes | \$0 | \$0 | \$0 |
| Other Allocations | \$0 | \$0 | \$0 |